June 1, 2004

Commissioner Cristine A. Vogel
Office of Health Care Access
410 Capital Avenue PO 340508
Hartford, CT 06134

Dear Commissioner Vogel:

Enclosed is a Letter of Intent for an Ambulatory Surgicenter to be located in West Hartford. The project will be a joint venture between the Connecticut Surgical Group and Hartford Hospital. The purpose of the center is to provide convenient, accessible and quality care for our outpatient surgical patients. We believe this proposal is the first 50/50 venture between physicians and a hospital in Connecticut and may serve as a future model for other communities.

Sincerely,

Peter Bloom, M.D.
President & CEO
Connecticut Surgical Group

John J. Meehan
President & CEO
Hartford Hospital

AFFIDAVIT

Applicant: Connecticut Surgical Group

Project Title: Connecticut Surgical Group/Hartford Hospital Surgicenter

I, Peter Bloom, M.D. (Name), President & CEO (Position – CEO or CFO)

of Connecticut Surgical Group being duly sworn, depose and state that the information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to the best of my knowledge, and that Connecticut Surgical Group (Facility Name) complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

G. Peter Bloom
Signature

6.9.06
Date

Subscribed and sworn to before me on 6-9-04

Notary Public/Commissioner of Superior Court

My Comm. exp 2/28/06

My commission expires: 2/28/06

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2004 JUN 14 AM 9:07
CONNECTICUT OFFICE OF HEALTH CARE ACCESS

AFFIDAVIT

Applicant: Hartford Hospital

Project Title: Connecticut Surgical Group/Hartford Hospital Surgicenter

I, John J. Meehan (Name), President & CEO (Position – CEO or CFO)

of Hartford Hospital being duly sworn, depose and state that the information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to the best of my knowledge, and that Hartford Hospital (Facility Name) complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

John Meehan
Signature

6/1/04
Date

Subscribed and sworn to before me on June 1, 2004

Diana Nino
Notary Public/Commissioner of Superior Court

My commission expires: 11/30/2007

State of Connecticut
Office of Health Care Access
Letter of Intent/Waiver Form
Form 2030

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.	Applicant One	Applicant Two
Full legal name	Connecticut Surgical Group	Hartford Hospital
Doing Business As	N/A	N/A
Name of Parent Corporation	N/A	Hartford HealthCare Corporation
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	85 Seymour Street Suite 911 Hartford, CT 06106	80 Seymour Street Hartford, CT 06102-5037
Applicant type (e.g., profit/non-profit)	Profit	Not for Profit
Contact person, including title or position	Peter Bloom, M.D. President and CEO	John Meehan President and CEO
Contact person's street mailing address	85 Seymour Street Suite 505 Hartford, CT 06106	80 Seymour Street Hartford, CT 06102-5037
Contact person's phone #, fax # and e-mail address	gpbloom@harthosp.org P. (860) 524-4317 F. (860) 524-2650	Meehan@harthosp.org P (860) 545-2100 F (860) 545-3622

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Connecticut Surgical Group/Hartford Hospital Surgicenter

b. Type of Proposal, please check all that apply:

☐ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

☒ New (F, S, Fnc) ☒ Replacement ☐ Additional (F, S, Fnc)

☒ Expansion (F, S, Fnc) ☒ Relocation ☐ Service Termination

☐ Bed Addition` ☐ Bed Reduction ☐ Change in Ownership/Control

☒ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☒ Project expenditure/cost cost greater than $ 1,000,000

☐ Equipment Acquisition greater than $ 400,000

☐ New ☐ Replacement ☐ Major Medical

☐ Imaging ☐ Linear Accelerator

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over $1,000,000

c. Location of proposal (Town including street address):
Blue Back Square or other location in West Hartford

d. List all the municipalities this project is intended to serve: Primary market area of Hartford Hospital

e. Estimated starting date for the project: Fall 05/ Winter 06

f. Type of project: **11, 22** **(Fill in the appropriate number(s) from page 7 of this form)**

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed
N/A				

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

a. Estimated Total Capital Expenditure: $ 1,455,241.00

b. Please provide the following breakdown as appropriate:

Construction/Renovations	$
Medical Equipment (Purchase)	
Imaging Equipment (Purchase)	$ 522,701.00
Non-Medical Equipment (Purchase)	
Sales Tax	
~~Delivery & Installation~~ Working Capital & Contingency	$ 932,540.00
Total Capital Expenditure	**$**
Fair Market Value of Leased Equipment	
Total Capital Cost	**$1,455,241.00**

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
All equipment to be leased. No one item exceeds $400,000 in value				

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked):

☒ Applicant's Equity ☒ Lease Financing ☐ Conventional Loan

☐ Charitable Contributions ☐ CHEFA Financing ☐ Grant Funding

☐ Funded Depreciation ☐ Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner. See Attachment I
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable? See Attachment II
3. Who is the current population served and who is the target population to be served? See Attachment II
4. Identify any unmet need and how this project will fulfill that need. See Attachment II
5. Are there any similar existing service providers in the proposed geographic area? None in West Hartford
6. What is the effect of this project on the health care delivery system in the State of Connecticut? See Attachment II
7. Who will be responsible for providing the service? See Attachment II
8. Who are the payers of this service? Commercial insurances, Medicare and Medicaid.

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following: (Please check all that apply)

☐ This request is for Replacement Equipment.

- ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: _____.
- ☐ The cost of the equipment is not to exceed $2,000,000.
- ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

Attachment 1

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0046

General Hospital

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Hartford Hospital of Hartford, CT, d/b/a Hartford Hospital is hereby licensed to maintain and operate a General Hospital.

Hartford Hospital is located at 80 Seymour Street and 400 Washington Street, Hartford, CT 06115

The maximum number of beds shall not exceed at any time:

819 General Hospital beds
48 Bassinets

This license expires **December 31, 2005** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, January 1, 2004.

License revised to reflect:
*Added (2) Satellites effective 5/17/04

Satellites

*The IOL Cheshire Program, 35 North Main Street, Southington, CT
*The IOL West Hartford Program, 11 Wampanoag Drive, West Hartford, CT

J Robert Galvin M.D., M.P.H.

J. Robert Galvin, M.D., M.P.H.,
Commissioner

Attachment II

Connecticut Surgical Group – Hartford Hospital
Ambulatory Surgery Center Proposal

Background/Intent:
Over the past ten years due to new surgical procedures and anesthesia, more and more surgery is being done in ambulatory settings. Most recently Ambulatory Surgery Centers have begun to locate in suburban areas away from urban hospitals. The driving factors in this trend have been patient convenience and ownership by physicians. In an effort to partner with physicians rather than compete, and to provide our patients with a convenient and accessible location, Hartford Hospital is proposing to form a venture (using an LLC organizational structure) between Hartford Hospital and Connecticut Surgical Group which would establish an outpatient/ambulatory SurgiCenter in West Hartford. This Center would provide high quality, accessible ambulatory/surgical care for all citizens of Northern Connecticut.

Patient Population: - It is anticipated that the patient population would consist of the following groupings: plastic surgery, podiatry, general surgery, colorectal, vascular and urology. Patients would come from the current hospital service area.

Site: - It is anticipated that the site will be in West Hartford. The location would be in the new Blue Back Square development in West Hartford Center. Occupancy would be in Fall 2005/Spring 2006.

Management: - The ASC would be organized as an LLC. The LLC would contract with CSG for a Medical Director. The Administrator (an individual or specialized management firm) for the ASC would be subject to joint hiring and termination approval by the LLC members and would report to the Medical Director for day-to-day management/operational issues and to the LLC Board for strategic issues.

Partnership, Ownership and Governance: - The proposed Center would be owned and governed by a new LLC with 50/50 ownership by Connecticut Surgical Group and Hartford Hospital. The Center would meet the charitable mission of the hospital and service to the community.

A board made up of individuals representing ownership shares would govern the Center. Day-to-day operation of the Center would be accomplished via a management contract or an employed administrator. All major policy decisions would require approval of both LLC members.

Capital Investment and Income Distribution: - All Capital Investment (Buildout and Startup) would be divided by ownership shares and income distributed by same formula.

HARTFORD HOSPITAL PRIMARY SERVICE AREA TOWNS

AVON
BLOOMFIELD
BOLTON
EAST HARTFORD
FARMINGTON
GLASTONBURY
HARTFORD
MANCHESTER
NEW BRITAIN
NEWINGTON
ROCKY HILL
SIMSBURY
SOUTH WINDSOR
WEST HARTFORD
WETHERSFIELD
WINDSOR